Joseph Papin

vs.

University of Mississippi Medical

Deposition of:

Steven Bondi

February 03, 2021

Vol 1

PHIPPS REPORTING

Raising the Bar!

IN THE UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

JACKSON DIVISION

JOSEPH PAPIN,

Plaintiff,

VS. CASE NO.: 3:17-CV-763-CWR-FKB

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER; DR. LOUANN WOODWARD, in her official capacity; and DR. T. MARK EARL, in his individual capacity,

Defendants.

DEPOSITION OF STEVEN BONDI, M.D.

STIPULATIONS

IT IS STIPULATED AND AGREED, by and between the parties, through their respective counsel, that the deposition of STEVEN BONDI, M.D. may be taken before Mellie Pierce, Commissioner, State of Mississippi at Large, at the offices of Brooks Court Reporting, 12 Lakeland Circle, Suite A, Jackson, Mississippi, Via Zoom on the 3rd day of February, 2021, commencing at or about 10:30 a.m.

Q. In terms of -- I mean as a lawyer, I'm just going to hit you with this question because you are a trained legal professional, in terms of substantive and procedural due process, you are familiar with those terms?

A. Of course.

Q. Okay. And I guess we'll start off with the first one. In what ways as the chairperson over Dr. Papin's hearing, did Dr. Papin, at least in your opinion, was he provided with procedural due process?

A. I don't --

MR. WHITFIELD: Object to the form. You can answer the best as you can.

THE WITNESS: Yeah. I don't think at this point, I can differentiate sufficiently between substantive and procedural due process to answer that question.

Q. (BY MR. SCHMITZ) Okay. Well what ways was Dr. Papin -- in what ways did Dr. Papin receive due process to the extent that you under -- based on your understanding of what that means?

A. Okay. With regards to our hearing, he received notice that the hearing was going to occur. He received notice of what the substance of the hearing was going to be. He heard what the witnesses had to say.

And he had the opportunity to rebut what those witnesses had to say. And he had the opportunity to present evidence on his own behalf.

Q. Did -- in talking about receiving notice of what things were going to be brought against him, do you know if Dr. Papin ever received a copy of the medical records for any of the alleged patient care issues that were brought up at the hearing?

A. I have no idea.

Q. Don't you think that would be something that's important for a hearing regarding allege -- be based on allegedly being a danger to patients for them to be able to look at the records to rebut any instances where they may have deviated from the standard of medical care?

A. I think the individuals that were involved, were testifying firsthand, which Dr. Papin was able to hear. And he was able to present from his perspective, his view of the events as well.

Q. And but you did not allow -- Dr. Papin had counsel present there; correct?

A. Yes.

Q. And Dr. Papin was attending the hearing remotely?

A. Yes.

Q. And his counsel was attending remotely;

speaking broadly -- during the course of those investigations, you review the underlying documents that are presented to you, and do you go speak with witnesses and people to get firsthand account of what may have taken place?

A. Depending upon what happened, yes, either me or one of the individuals that was working for me. Yes.

Q. Other than what was presented to you in document form by Dr. Earl prior to Dr. Papin's hearing, did you conduct any investigation into any of the allegations that Dr. Earl had brought forth to you to determine their voracity?

A. I was never asked to investigate anything or examine or to look into anything regarding Dr. Papin. And I will give one caveat to that, in the course of the e-mails that were provided to me to review, there is an e-mail that I sent to Dr. Earl, which I assume was in response to a query that he had asked me to see whether there was anything that risk management had known about Dr. Papin. With the exception of that, there -- there wasn't anything.

Q. Was there anything that risk management had been aware of Dr. Papin?

A. No. Not based on the day-to-day search that was done by Darlene Bryant who is the Director of Risk

Management who kind of worked with me for me, she was the day-to-day operations person, so she queried both the event reporting data base, as well as the -- as well as the patient complaint data base to see if Dr. Papin's name appeared there. There is a caveat to that though, in that the event reporting data base is really focused on the patient, not necessarily on the provider. So frequently events that go into that data base, don't have any physician associated with that. Or I shouldn't say "physician," any employee associated with that.

Q. At UMMC, what typically triggers the involvement of risk management in a case, like, is it when an iCARE report or some type of incident variance report is filed?

A. Yeah. That's a good question. So there are really probably two -- I shouldn't say "probably." There are two primary ways we find -- we'd find out about a case. One is by the use of the iCARE system, which is what UMMC calls its event reporting system. All hospitals are required by CMS to have an event reporting system. That those -- that's a broad net system. Any employee can go and put it -- and report an event. And they are -- the coverage of this system is very very broad. It could be, you know, appeared to be a slick sidewalk that wasn't attended to. It could be,

professionalism issues, were those presented to you by firsthand accounts by the people who experienced them, or were they mostly by secondhand accounts of people, you know, sort of through the grapevine that they heard that Dr. Papin did this or that?

A. So there -- there was both. There was the information that was firsthand provided by the individuals who testified at the hearing. There was also the information that was provided by Dr. Earl that he had gathered. And then there was also the written evaluations of Dr. Papin, so it was all of those sources.

Q. And you raise the issue of Dr. Papin, you had concerns regarding his candor and truthfulness, what was the basis for your suspicions about his candor and truthfulness?

A. I think it had to do with that same body of material, individuals and materials. Had to do with his presentation of rounds. Had to do with in some of the -- if I recall correctly -- some of the evaluations as well.

Q. So him whether or not he was actually doing his rounds as he said he was doing, that was one concern?

A. Yes.

situation, or were there other people who handled appeal hearings, you know, acting in a chair role at UMMC?

A. I have no idea. I was asked -- I was asked to be involved in these cases specifically. I have no idea about other hearings that may or may not have happened. I suspect they didn't because -- because I was involved --

Q. You would have been told --

A. -- I was involved with the Medical Staff Office too. I mean I helped them with some stuff, I was a sounding board for, you know, and a lot of that stuff is mine -- that they dealt with was minor. You know, how do I approach a conversation with this doctor. But to my knowledge, I don't know, there could have been a hearing, and I wouldn't have had any knowledge of it whatsoever.

Q. And so would it be fair to say, that it's relatively rare that a termination case comes to the Appeal Board for which at UMMC?

A. I would have no idea because I don't know what the denominator is.

Q. Got it. And how are you selected to be the Chairperson at UMMC for a hearing seeking termination?

A. I was asked by -- in Dr. Papin's case, I was asked by Dr. Woodward, the Vice Chancellor. I don't

know how that decision was made to pick me.

Q. Okay. Are you aware of anybody else who would be the Chairperson of these hearings or --

A. I don't know anything -- I have no knowledge of any other hearings that happened, other than the ones -- the two we've discussed in terms of termination.

Q. I'm going to share an exhibit.

A. I'm not seeing it.

MR. WHITFIELD: It's in the chat.

Q. (BY MR. SCHMITZ) It's in the chat. You click the chat button. That's where the first Exhibit CV was.

A. I don't have a chat button. Let me change my -- no, that didn't do anything.

Q. It's like at the bottom, like there's a share screen button in the middle, and then to the left of that it's chat.

A. All I'm seeing right now is a stack of pictures. And it's got you -- it's me on top, the court reporter, whose name I don't know, I'm sorry. And you, then Tommy, and then the window with Dr. Papin and his gray telephone icon. Hold on, let me -- of course, I've got a MAC, which works differently than everybody else's computer.

Q. If you move the mouse, you know, like where you can pick to mute the video or stop the video.

Q. And why were you asking her to check anything in the system about Dr. Papin, the complaint data bases and whatnot?

A. So I'm making a supposition because I don't remember this at all.

Q. Okay.

A. But based on this, it was not uncommon for people to ask me, "Hey, did you hear about this event or did you hear about something." Dr. Earl and I knew each other because of our positions at the hospital. He wasn't a friend of mine, he was a work colleague. What I suppose -- what I believe happened was he said "Can you look and see if there's anything about this resident in our data bases." So that's why I asked Darlene because I didn't -- I didn't quarry those data bases myself. Because I wasn't really in that level of -- at that level, I was kind of -- it sounds conceited -- but I was above -- I was above that. Right. The people that worked for me and with me did that.

So Darlene would go in and then could search on that name. And, of course, what you can see here is that she's looking in both -- would be looking -- when I said "our system," that was the iCARE event reporting system. And she also could -- I don't remember if she had to do it directly, I think she could or would have

had somebody in the patient relations search the patient complaint data base. Unfortunately, they were different, which was a source of frustration for us because it made our jobs harder. We wanted to have them do both, but it wasn't practical to do that.

Q. And if you -- so there's three pages in this pdf. Page three of three in the pdf all the way at the bottom?

A. Yes.

Q. About two days after you sent the first e-mail inquiring regarding whether there was any reports, you came to the conclusion that Darlene had looked in both the iCARE data base and patient care data base but found nothing on Dr. Papin; correct?

A. I don't recall sending that e-mail. I have no reason to doubt that that's what happened.

Q. That is your sbondi@umc.edu, that would have been your e-mail?

A. That absolutely is my e-mail. So, yes, I believe that that is correct.

Q. Okay. And were you prompted to look at this because Dr. Earl had raised concerns regarding patient care regarding -- with respect to Dr. Papin?

A. Having no specific recollection of the conversation, I can't answer the question directly. But

documents.

A. Right.

Q. Who at UMMC was responsible for providing Dr. Papin the documents he would need to rebut the allegations?

A. I don't know. But Mr. Dillard his attorney is the one who -- he actually specifically pointed out things in the documents. And I didn't have the documents in front of me at the hearing. He's the one that provided them and the bates numbers.

Q. So to the best of your knowledge, you as the Chairperson of the hearing and no one else on the panel had any responsibility or oversight over the process of providing Dr. Papin the documents in advance -- the relevant documents in advance of the hearing?

A. Certainly, none of us did. That's correct.

Q. And you have no idea who would have done that?

A. I do not know. But I know what happened.

Q. So because you had no involvement, you're not sure whether he received a complete set of the documents in advance of the hearing that might be relevant to rebut the things that were brought up at the hearing, so he would not be ambushed by certain things that were going to be brought up?

MR. WHITFIELD: Object to the form.

the employees.

So that's a -- that's a different thought process when you have significant issues with professionalism and interpersonal relationships.

Q. So are you saying that if someone has interpersonal issues with other people, that that is not something that anyone could be remediated or rehabilitated if those things are brought to their attention specifically and are dealt with?

A. No, I'm not saying that. What I'm saying is it's a different -- it's different. And that the focus is different. And I think in this case, you know, we can talk about the specifics of those, if you'd like, I mean Dr. Papin was giving multiple, multiple, multiple on multiple occasions giving feedback regarding professionals and communication issues, starting in the first month of his residency.

Q. I want to get back to what I was asking before, which was, for purposes of the appeal process, how did you determine that he received due process in the appeal process?

A. So we reviewed, and we specifically addressed in the hearing --

MR. WHITFIELD: Object to the form of the question, but you can answer.

THE WITNESS: -- that Dr. Papin had had monthly feedback, had had frequent conversations with Dr. Earl about his deficiencies, both formal written feedback from during his rotations, conversations about that monthly feedback, as well as in I believe in November of his intern year, his first year of residency, that he received a formal summative evaluation of the first half of his residency.

So he received notice of what his deficiencies were, he had an opportunity to discuss those deficiencies, he had an opportunity to, you know, discuss those specifically with Dr. Earl. And he had an opportunity to remediate that entire -- that entire time.

Q. (BY MR. SCHMITZ) Anything else?

A. Our review -- in our review, that was notice an opportunity, and that he had the due proc -- that that constituted due process in terms of his termination.

Q. But we've been talking about HR versus GME and professionalism issues, and we talked earlier, and you said -- I asked you what's the professionalism issues, and you said, well it seems like he may have been lying about whether he was doing his rounds, you know, basically attending to patients, and that really

centered around that allegation and regarding whether he ever looked at this decubitus ulcer patient's back to see if there was a decubitus ulcer back there. And they believe he was not being truthful about that.

What investigations, if any, did you order or look into further into those issues to determine whether that was accurate or not?

A. We didn't -- that wasn't our role. Our role was for review. It wasn't to -- it wasn't to be the investigator. Our role was to review the decision and give an opportunity for -- for -- to hear what the witnesses had to say. And to give Dr. Papin an opportunity to -- Dr. Papin an opportunity to hear that and rebut it. We heard --

Q. Right. And Dr. Papin never agreed --

A. -- we heard it first -- we heard firsthand from the witnesses.

Q. -- with those. Right. He denied agreed with what those witnesses -- he denied what those witnesses were saying, he denied not seeing the -- he denied not caring for the decubitus ulcer patient. He denied not doing his pre-rounds and rounds when other people said maybe he was showing up later; right?

A. Well, yeah, he did deny it. Like I said, twice -- at least twice before, I think that the -- you

know, he gave a well-thought rebuttal about the decubitus ulcer, that's in the record, that was in the record. So, yes, he did deny it.

Q. But he was fired because he was a danger to patients according to HR; right, so was there any investigation regarding how -- why he was investigated, you know, he denied that he was a danger to patients, HR said he was.

MR. WHITFIELD: Object to the form.

Q. (BY MR. SCHMITZ) So was there any investigation done by you to see maybe HR was mistaken or other people were mistaken by looking at any type of medical records associated with any of these patients --

A. Our job was not to perform an investigation. Our job was to give a hearing, we heard witness' testimony. And Dr. Papin had the opportunity to rebut that testimony. That was --

Q. Was there any follow-up after the hearing --

A. -- our role.

Q. -- regarding any of the things that Dr. Papin brought up that was in rebuttal to these allegations that were brought against him that he was a danger to patients and he was not rendering patient care?

A. Well we certainly discussed what was brought out at the hearing and --

facts that can otherwise, you know, visually be seen; correct?

A. Yes.

Q. And there was no avenue provided to Dr. Papin to provide any of those exhibits, which he believed exonerated him or at least mitigated against the circumstances of his termination; correct?

MR. WHITFIELD: Object to the form.

THE WITNESS: Well he had the opportunity, and his attorney was at the hearing.

Q. (BY MR. SCHMITZ) Right. But did anybody ever ask him of these things that, you know, at the hearing, did anyone ever ask him, okay, well submit those to me when you're done and we will take that into consideration before we render our decision?

A. I don't believe we specifically asked him that, we offered him the opportunity to present the evidence, so he certainly had the opportunity.

Q. But he wasn't there. He was just on the phone reading text messages from his phone, so you have no idea whether?

A. Well he was represented by an attorney who was in the room, that was his attorney, not an attorney for the medical center.

Q. And that attorney was not allowed to speak

though; correct?

A. That attorney spoke frequently during the hearing. He was not allowed to question the witnesses. He spoke many times during the hearing.

Q. We're going to go to the next exhibit.

A. Okay. Is this Notice Letter to Papin?

Q. Yes.

A. Okay.

Q. And was this the Notice Letter prior to the hearing that you conducted on Dr. Papin's termination that he would have received before that hearing took place?

A. I'm not sure I've seen this letter before. But it appears to be what you state it is. Can I have a minute to read over it?

Q. Yeah. Go ahead. Go ahead. Of course.

A. Okay.

Q. Okay. So this would have been at the bottom of page one: "The following notice is hereby provided concerning Mr. Papin's dismissal." And then there's a rendition of the facts of the case.

So he began his residency as a first-year intern, it says here on July 1, 2016; correct?

A. That's what it says.

Q. The first complaint occurred 28 days into his

residency. I guess he had some interactions with nurse practitioners where he was saying something, "I'm a surgeon. You're not my boss." He would not check in with them and would not be seen until it was time for evening rounds. Did you ever follow-up or see any documentation regarding these alleged interactions?

A. Well Dr. Earl spoke about these during the hearing. And there was -- I saw some of the e-mails, which I believe were part of the documents at the hearing.

Q. Did you ever see any documents regarding the fact that I believe the attending he was working with at this time, had told him that he could go -- and some of is conflict was about the fact that he was told that he could go to the operating -- the OR -- and observe things and the nurse practitioners were trying to tell him to do something else, which was in conflict of what the instructions he had received from his attending --

A. Actually, based on what I saw, it wasn't in conflict because if I recall correctly, the attending had said that when his -- that if his work was done, he could go. And based on the description of the conflict, the work wasn't done.

Q. On page two of four of this document, it looks like about one, two, three paragraph down. There's a

seen in my years in license. There are --

Q. He didn't get negative reviews from every physician that reviewed him?

A. No. The pos -- I mean the negatives are bad and the positives are pretty -- they're pretty just boilerplate things. But when you read through those and especially when you look at the summative evaluation, that's -- that's --

Q. What made them the worst that you had ever seen?

A. To have that many deficiencies in professionalism and honesty, is I've never seen that before. No, I haven't seen everybody's. But I was on the Clinical Competency Committee, which is the equivalent of a resident for review committee at the fellowship level at UMMC for the Pediatric Critical Care Fellows. I'm a member of the same committee for our fellows here in Rochester. And to have those deficiencies at that level. Once again, as we were talking about before, when we see resident efficiencies, they're usually in knowledge base or skills or the ability to get the work done. We don't really tend to say that that new res -- interns have poor skills because they're expected not to be -- they're not expected not to be great at doing procedures because

they haven't learned them yet. But in terms of knowledge base, that's where we tend to see them or that work efficiency. That's not what his evaluations were remarking on. They were remarking on his interpersonal ability to work well with others, which was -- which was very very lowly rate -- low-rated.

Q. So after receiving those written reviews regarding his -- as you described them, poor interpersonal skills working with others, in November they were the worst that, in your opinion, the worst you had ever seen, are you aware of whether Dr. Earl met with him after that to put him on some type of remediation plan, so that he can improve on those interpersonal skills to specifically make him aware in writing that, you know, this person had this problem with you, maybe you should go speak to them and apologize and fix that issue, are you aware of any meetings like that that would have occurred prior to this --

A. Well I don't know --

Q. -- December 20th sit down and between in November to December 20th?

A. I don't know whether anything occurred between the two of them. And other than the summative evaluation, I have not seen any written plan.

Q. Would things like that, the interpersonal issues and not being able to work well with others, is that something -- that's something that can be fixed; right, that's not something that you -- that someone can't be a doctor for, there's lots of jerk doctors out there; right?

A. Can it not be fixed? I think for many people it can be fixed. I think that, you know, over the course of six months when you've had notice of it for at least five of those six months and it's an ongoing problem and it's getting worse over that period time, I'm thinking maybe it couldn't be fixed. I mean there was --

Q. He was a -- he was a first-year resident; correct, so this was his first working experience and job?

A. I have no idea -- well, no. Because I know he had work experience between medical school and residency because he had a year where he worked in a lab I believe. That was discussed at the hearing. I mean almost getting the -- the substance of these issues are not -- they're not small and they're not unique to medicine.

Q. So after that, it says Dr. Earl met with Dr. Papin again on the 20th of December in 2016. This

meeting was to address recurring issues of professionalism. Right. So up to this point, he allegedly had some issues with -- according to this -- the issues that were brought up to this prior to this. If you scroll up, there were issues specifically named up here. He had some issues with some nurses. He had a run in with the nurse practitioner. There was an issue about him not knowing about the coffee pot -- or bringing the drink into a patient's room. So those are issues that are listed there. So the meeting was -- I guess these issues had been cropping up, so there was a meeting on December 20th that he was put on notice about. And at this meeting, it states that Dr. Earl specifically addressed his unwillingness to help with tasks, which that's listed above this; correct, that happened in the beginning of his residency?

A. Yes. I mean that's what it says.

Q. Okay. And then there was Dr. Papin leaving during the hospital -- leaving the hospital during duty hours to exercise; correct?

A. That's what it says.

Q. And that issue was brought up specifically at his appeals hearing about him leaving to exercise; correct?

A. Yes.

Q. And Dr. Papin offered text messages showing that he had been approved to do that by his Chief resident to leave -- to leave -- one time he asked to leave and it was approved, and then the next time he asks to go for a run, the Chief resident in this case acted -- reacted very differently and did not approve him going. He was actually upset the fact that he asked?

A. That's all correct.

Q. I'm sorry. I was talking too. What was your answer?

A. I said that's correct.

Q. Okay.

A. That was specifically discussed at the hearing.

Q. And that was -- there were text messages that he was referencing at the hearing that you never sought to get regarding that incident to show that, you know, he was receiving mixed messages from his Chief resident regarding whether that was allowed or permissible or not; correct?

A. That is correct. But once, again, we took those what Dr. Papin was saying as accurate as to what happened when we had our discussions. This particular incident about the exercise, it really -- it really

didn't weigh in the conversation based on what Dr. Papin -- I'm sorry -- conversation only, it didn't really weigh in on our deliberation based on what Dr. Papin said to the Board and him reading the text message. We found that that was -- that was a, you know, a reasonable explanation of his point of view in that matter.

Q. That was one of the critical deficiencies; however, listed in his summative reviews that his brought notice about on things he needed to improve about; correct?

A. It was a deficiency. I think that it's -- the episode is interesting. But, once again, we did not see it as a dereliction that he went for a run. We -- we -- we took him at his word for what he read to us, that he had that documentation, that that e-mail -- so we didn't feel a need to see it because we believed him. I think this was a misunderstanding. Although, I do question it, I mean it does show kind of a -- kind of a gap in the way things work. But it's one of those things that in this situation, it seemed like it was actually corrected. So it didn't really weigh in on our deliberations about whether his termination was just.

Q. What things did weigh in on it?

A. I think it was the interpersonal relationships

with nurses, nurse practitioners, co-workers. It was the overall work ethic. Those -- those were the things. And there was a, you know, a tenor of kind of dishonesty and not, you know, just not being professional.

Q. Well and as you see here, the meeting, it's listed as of December 20th, he had not had any issues at least that Dr. Earl brought to his attention regarding dishonesty up to that point; correct?

A. I don't know off the top of my head. I'd have to look back at the summative evaluation.

Q. Well just looking right here, this Notice Document is not letting him know that there was any issues with his candor prior to December 20th; correct?

A. No. I disagree with that. In the paragraph before that, Dr. Earl met with Dr. Papin on numerous occasions and provided feedback and counseling regarding his persistent professionals and honesty issues.

Q. Okay. Where in this document, this Notice Document that he received prior to the hearing that you conducted does it say he had issues with candor prior to December 20th?

A. Candor and honesty are the same -- are synonyms.

Q. Right.

A. It says it in that sentence right above Dr.

Earl met with Joe Papin again on December 20th. It says it in the sentence right before that.

Q. Okay. But honesty issues, what honesty did you ever -- are you aware whether Dr. Papin was specifically put on notice other than just the vague one mention of these honesty issues about what these issues were, so he could address them prior to the --

A. I have -- I have no idea about the specific conversations, or I should say I have no specific ideas about what light to this letter. I wasn't involved in that process.

Q. Okay. Then it says, "After this meeting, Dr. Papin's performance did not improve and patient safety issues developed concerning Dr. Papin's behavior." It says, "Renee Greene, Senior Education Administrator, received e-mails concerning Dr. Papin's performance."

Do you know whether Dr. Earl or Ms. Greene solicited those e-mails or whether they just came out of the blue?

A. I have no idea.

Q. There's an incident reference on January 3rd where long story short, it basically says that he was suppose to admit a patient into the ICU and call down. And whether the ICU had responded back that the person just never note -- ICU I guess was never notified and

just showed up there. And Dr. Papin at the hearing, did you recall what he testified in response to rebut this allegation?

A. If I recall correctly, my -- it's hard because I've read the transcript, and I also read over the transcript of the HR conversation about this incident. But that he called someone but didn't remember who it was, and that it might have been a nurse.

Q. Okay. Is that possible, I mean you work in the ICU, it's probably very busy, that's possible he could have spoken to somebody in passing that was busy themselves?

A. ICU admissions aren't something --

MR. WHITFIELD: Object to the form.

THE WITNESS: Oh, sorry, Tommy.

MR. WHITFIELD: Object to the form. You can answer.

THE WITNESS: ICU admissions aren't something that are done informally. These are the sickest patients. They by definition are gravely ill. So we have -- we have direct conversations with people about admissions. So as an attending, I receive a call from, typically, they come from, in my case, either the emergency department or from the -- from the operating room. I receive a phone call from the attending

emergency physician who identifies themself. They, you know, make sure they're talking to me, and we have a conversation. For patients that come from the operating room, I get two phones calls. I get one from the attending surgeon, as well as one from the attending anesthesiologist. Once again, they're calling me, they know who I am, and they're giving me a structured handoff, so that I am prepared to take care of that patient as soon as they get there because sometimes these patients are unstable upon arrival to the IC Unit.

When our residents communicate with one another, they do the same thing at their level. So the resident calls and talks to the resident and has a handoff. The nursing handoff is completely different from the physician handoff. The nurses also have handoff, they call it "calling report." But their handoff is different. Those aren't things you mistake for one another. Certainly, not someone -- and it's not something someone should have -- it's not an error of somebody who had been in the ICU for more than a few days would have made it, if it happened at all.

So this is an extremely important issue. This -- this missed handoff is an extremely important issue.

Q. (BY MR. SCHMITZ) Again, I'm sure that this happens from time to time, in the things that do happen,

it's not unheard of that this happens?

A. When it does, we make a big deal out of it. It's a big deal.

Q. Is it an immediately separable offense on its own right?

A. Based on -- based on one event, probably not. But it's a big deal.

Q. Next there's talking about Dr. William Crews, PGY3 Surgical Resident. I believe he was only a medical student, at that time, were you aware of that, he was not, in fact, a resident?

A. Yes, I was aware of -- I think that's -- I think they mean MS3, not PGY3, that's a typo.

Q. Okay. He states: "Dr. Crews reported that Dr. Papin always seemed to show up just before rounds without actually having seen any of the patients and then would lie to residents about what he had done. When caught doing something wrong, he would blame a medical student for his own errors. Dr. Crews also talked to Dr. Mahoney, Surgery House Officer, about Dr. Papin's behavior."

Was there anything done in terms of verifying whether Dr. Papin was doing his rounds or not because certainly someone like Dr. Crews would not always be with Dr. Papin to do pre-rounds in the morning and

whatnot?

A. Well I don't accept -- I don't accept that statement you just made, but I'll answer the question. That's -- there's no -- would have been no easy way to do that other than asking the people who are there. In this case, the medical students are ever present in the hospital. If you actually want to know stuff, they -- they're everywhere, and they also are unobtrusive because they -- because since they don't have like a direct responsibility, you know, as like the residents do, they are -- they are keen observers.

So this was a compelling amount of information that then Mr. Crews, I assume now Dr. Crews provided. Medical students see that kind of stuff. They stick onto -- they stick onto to residents because they want to make sure they don't miss anything, and they also are very eager to please.

Every one of as a resident, as an antidote about a medical student following us into the bathroom because they're so -- they stick to us so much. So that's why I disagree with your statement about him not seeing things. I mean if he was on a rotation at the same time as Dr. Papin, I do believe that he would have a sense of when Dr. Papin arrived and when Dr. Papin saw those patients.

The other thing I would add about a medical student complaint, is for the medical student to complain about a resident's professionalism, that is extraordinarily unusual. Medical students like to lay low, when they complain, they tend to complain about things like, you know, not getting, you know -- you know, having to work long hours, but they do it in private. They almost never make formal complaints because their grades are so important to them.

Q. But you don't know one way or the other whether Dr. Crews was asked if he had any complaints about a doctor or on his own --

A. No. No.

Q. -- volition and freely --

A. You were just asking me about --

Q. -- submitted a complaint?

A. You were just -- you had made the statement that he would not be in the position to observe, and I disagree with that. I think he would actually be the ideal person to observe.

Q. But you don't know for sure one way or the other, you weren't there; right?

A. I wasn't there, but I was asked to hear what he said in the hearing, and I found that his testimony was compelling. I didn't see a reason why he would had

a reason to lie or to fabricate the testimony. And furthermore, he had no reason to bring it up in the first place unless he was really worried about what was going on.

Q. Are you aware of whether Dr. Crews has since ever recanted any of his testimony, and if he did regarding these incidents, would that have changed your -- would that change your opinion materially regarding the fact of whether Dr. Papin, his professionalism and candor issues were as bad as everyone thought they were?

A. You asked a bunch of questions. But the first one is, I have no idea whether he recanted any of this. My last contact with Dr. Crews was on the day of the hearing. And once again, I assume he's Dr. Crews now. He was Mr. Crews then. In terms of whether it would have made a difference, I believe I kind of answered that question at the beginning of the deposition where I said that, you know, there's a bunch of information here. The information that we reviewed, there's a lot of it. Any one thing was not a linchpin in terms of our decision to support Dr. Papin's termination.

I think -- and if the committee were to, you know, we'd have to basically look at what would have changed. You know, one thing wouldn't have made a difference.

potentially be disciplined if they were to admit to something like that?

A. Well it's not there weren't -- this isn't nurses. It's nurse practitioners or physicians.

Q. Okay. So either a nurse practitioner or a physician. If a nurse practitioner, which that's what Dr. Papin said he spoke to, if it was a nurse practitioner that had potentially made a mistake, wouldn't that person be subject to discipline, if they answered yes to that question?

A. I think anybody that was dishonest in dealing with patient care, there are potential ramifications for that. Yes.

Q. But yet it was -- but you made the conclusion that only Dr. Papin was dishonest and there was no potential that there was somebody from the --

MR. WHITFIELD: Object to the form.

Q. (BY MR. SCHMITZ) -- another side of the story with respect to the admittance of the patient into the ICU unit?

A. No. Because Dr. Papin explained that he talked to somebody, he wasn't sure who it was. And then maybe -- and then later said maybe it was a nurse. So we heard his side of the story, and it was clear from what he told us, that he didn't make sure who he talked

to was the right person.

Q. But there's two sides to that story; right, there's two potential outcomes. So either Dr. Papin was lying or that person on the other end that Dr. Papin spoke to allegedly; right, was lying?

A. That's not what I said.

Q. No. No. I'm not saying that's what you said. I'm saying, there has to be two sides. So there was either Dr. Papin was lying or the person who took the phone call that Dr. Papin said he made was lying; right, if --

A. I disagree.

Q. -- that even happened. Did anybody --

A. I disagree.

Q. Did anybody follow-up -- did anybody investigate that further and write those people up for not receiving the patient or taking those orders as they should have?

MR. WHITFIELD: Object to the form. If you can answer that, go for it.

THE WITNESS: Well it was a couple of statements followed by a question. So to answer the statements. It is true that either the call occurred or the call didn't occur. But there's also a bona fide question as to, if the call did occur, who did Dr. Papin

talk to. And Dr. Papin said that he wasn't sure who he talked to. That in of itself is a problem. When I make -- when I give sign on, on a critically ill patient, one of my patients is going to the operating room; for example, I call the anesthesiologist who is responsible for that case. I talk to that person by name. I understand that person's role, and then I sign the patient up -- out. I just don't call a random person and sign the patient out not knowing who they are.

Q. (BY MR. SCHWARTZ) But do you remember if you -- 'cause this says on January 3rd, she sent an e-mail to Renee Greene outlining an incident that had occurred the prior weekend. So by the time Dr. Papin was given notice of this incident, potentially maybe by Dr. Earl, it was three weeks later. Do you remember three weeks ago if he talked about some patient that -- you know, I mean at three weeks, once that much time goes by, wouldn't it be reasonable to assume that he probably wouldn't remember maybe even seeing that patient at all?

A. Well that's a different -- the latter thing is a different question. But I take sign out and give sign out the same way every single time I do it. It's something we focus on. It's actually -- sign outs are very -- have been identified as a high risk area for patient care. Every time a patient is handed off,

there's a risk to that in terms the information that's exchanged not being done effectively and not harming patient care.

So handoffs are huge in patient safety. That's why we make such a big deal out of them, and that's part of the substance of what we're talking about. So, no, I wouldn't just pick up the phone and say -- and say, "I'm signing this patient out." I would say, you know, "Is this Dr. Smith, the anesthesiologist who's going to be caring for baby Jones in an hour." And they do likewise to me. They would call up and -- and frankly, I know -- at my level, I know some of these people by name, so. But even when it's people I don't know, it's an attending from the emergency department. I'll answer the phone, they'll say, "Is this the PICU attending." I'll say, "Yes. It's Steve Bondi, I'm the PICU attending that's on today." And then they'll say, "I have a patient to sign out to you." And I'll say, you know, "Let me grab a pencil" or whatever. And then they sign the patient out to me in a structured way.

This is -- this is not a -- this is not a spur of the moment conversation. These are semistructured exchanges of information that are critical for patient for patient. So, yes, I can say for certain that I signed out three weeks ago or three years ago, that I

knew who I was talking to on the other end of the phone because we all -- I always do it the same way.

Q. You would be able to figure that out because you take notes about that?

A. Well I take notes when I receive the information. But I can tell you that I always identify the person I'm talking to. The only thing is, I'm not allowed to give patient care information to someone who's not directly involved in the care of that patient. Because that's -- that's -- that's -- all of that's bounded by HIPAA, and we get tons of training on that as well. We need to make sure that that exchange of information is to the right person. So that's a critical aspect of this. You just don't call up and start -- start signing a patient out.

The other thing is, is that if a -- you know, it wouldn't make sense for a nurse to take sign out from a doctor anyway. So I, you know, it'd be unlikely for a nurse just to sit there and get that exchange of information. I guess that is possible. But the person making the sign out has an obligation to make sure they're signing out to the right person.

Q. But a nurse practitioner, that's -- that's acceptable scenario?

A. Well nurse practitioner is a different role

Q. Other than those dates, so November, December, we've got two documentations of two meetings between Dr. Earl and Papin, prior to that, there's -- it was just -- there's no -- there's no documented counseling --

A. There's no document of the conversation.

Q. -- sessions?

A. There is the -- there are the monthly -- the monthly feedback that one would get after each rotation. But there's no documentation of a conversation between Dr. Papin and Dr. Earl attached to those. If that's the question?

Q. And you don't recall whether you had any part in providing this Notice Letter or working to provide this Notice Letter to --

A. Oh, I do recall that I did not have -- I did participate in the providing of this Notice Letter. This is the first time I've seen this letter to my -- the best of my knowledge. I certainly did not draft it.

Q. Okay. All right. The next exhibit is posted.

A. E-mail-Meeting with Bryce.pdf?

Q. Yes.

A. Okay.

Q. Can you tell me what was discussed during this meeting between you and Bryce?

A. Yes. It was who was going to be on the

stuff? If it wasn't you, then whose responsibility would it have been?

A. My assumption it would be the GME office.

Q. So Dr. Barr?

A. Well I -- Dr. Barr at that -- like I said, Dr. Barr and Dr. Schlessinger were having that handoff. I don't know when that formally occurred. But, ultimately, one of them or both.

MR. WHITFIELD: I'm going to object to that last question. He wasn't a 30(B)(6) witness for the institution on that topic. He can answer as best of his knowledge.

Q. (BY MR. SCHMITZ) When did you and the committee afterwards meet to make a decision on Dr. Papin's termination?

A. We met immediately after the hearing.

Q. Everybody was in person, this was a full in person meeting?

A. Correct.

Q. How long did you guys take to discuss the matter?

A. It was over an hour or close to it. I don't -- I wouldn't remember. It was not brief because it was late in the day.

Q. Is any portion of that meeting or notes

CERTIFICATE OF THE DEPONENT

DEPONENT: Steven Bondi, M.D.
DATE: February 3rd, 2021
CASE STYLE: Joseph Papin vs. University of Mississippi Medical Center; Dr. Louann Woodward, Dr. T. Mark Earl

I, the above-named deponent in the deposition taken in the herein styled and numbered cause, certify that I have examined the deposition taken on the date above as to the correctness thereof, and that after reading said pages, I find them to contain a full and true transcript of the testimony as given by me.

Subject to those corrections listed below, if any, I find the transcript to be the correct testimony I gave at the aforestated time and place.

Page	Line	Comments
13	1	replace "bosses" with "boss's"
40	20	replace "counsels" with "counsel's"
40	23	Same
41	5	Same
41	7	Same
41	16	replace "office" with "officer"
44	19	replace "are" with "and"
54	4	replace "share" with "chair"
55	12	replace "mine" with "miner"
74	11	change "unjoin" to "enjoin"
95	14	change "giving" to "given"
95	15	change "giving" to "given"
95	16	change "professionals" to "professionalism"

See Next Page

This the 21 day of February, 2021.

STEVEN BONDI, M.D.

State of Mississippi
County of _____

Subscribed and sworn to before me, this the _____ day of _____, 2021.

My Commission Expires:

_____

_____
Notary Public

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Page	Line	Comments
105	1	change "license" to "medicine"
109	7	change the first "He" to "she"
122	11	change "antidotal" to "anecdotal"
122	16	same
126	3	change "capability" to "culpability"
126	23	same
130	22	change first "on" to "out"
142	15/16	the word "not" should be placed between "did" and "participate"
143	21	change "exchange" to "education"
164	6	change second "in" to "and"
170	20	change "voracity" to "veracity"
X	X	X

This is the second of two pages

This the 21 day of February, 2021.

STEVEN BONDI, M.D.

State of Mississippi
County of _____

Subscribed and sworn to before me, this the _____ day of _____, 2021.

My Commission Expires:

_____ Notary Public